MEASURE SUMMARY
CHIPRA Core Set Candidate Measures

A. Control #: CC-19

B. Measure Name: Annual number of children with asthma (≥ 1 year) with ≥ 1 asthma related ER visit(s)

C. Measure Definition
   a. Numerator: Number of children ≥ 1 year-old in the denominator sample who had ≥ 1 ER visit(s) during the measurement year (March 1 through February 28th) where the primary diagnosis assigned on the claim was asthma
   b. Denominator: All children ≥ 1 year-old diagnosed with asthma or on at least two short acting beta adrenergic agents during the measurement period

D. Measure Type: □ Process □ Outcome □ Structure □ Efficiency

E. Measure collected using: □ EMR □ CPOE □ Other HIT □ N/A □ NR

VALIDITY

F. Evidence of measure validity submitted? □ Yes □ No

G. Level of evidence supporting the measure (if submitted): (see Oxford University CEBM Levels of Evidence)
   Oxford CEBM = 3 (Case-Control study; Two or more ED visits asthma in the past year associated with increased risk of exacerbations - especially if in the past 5 years)

H. USPSTF Grade if applicable:

__________________________________________________________

FEASIBILITY

I. Measure Specifications Submitted? □ Yes □ No □ Yes, but insufficient detail provided

J. Data Source:
   □ Admin □ MR □ Survey □ Other (specify): □ N/A □ NR

K. Evidence of measure reliability submitted? □ Yes □ No

L. List of entity types currently using measure:

__________________________________________________________

IMPORTANCE

M. Addresses area of care mandated in legislation?
   □ Yes (specify): chronic condition, acute care □ No

N. Documented variation in performance (by race/ethnicity, language spoken, insurance type, etc)? □ Yes □ No □ NR
   AHRQ’S SEDD data: Medicaid was expected payer for 300,000 ED visits for asthma for children 0-17. the average hospital charge for children in this group admitted to the hospital via the ED, was $9,300 (1-17 yos).

O. Measure used/data are collected in racial/ethnic populations other than non-Hispanic white?
   □ Yes □ No □ NR
   □ □ □